CENTRAL FAX CENTER

APR 1 2 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			5176	
Application Number: 10/574,398			Filed: 03/31/2006	
For: Gene Expression Profiles and Methods of Use				
Art Unit: 1637			Examiner: Babic, Christopher	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	Fee	Small Entity Fe	<u>e</u>	
One month (37 CFR 1.17(a)(1)	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2)	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3)	\$1020	\$510	\$ <u>1020</u>	
Four months (37 CFR 1.17(a)(4)	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5)	\$2160	\$1080	s	
extension of time should be \$				
I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number: 31018 attorney or agent under 37 CFR 1.34. Registration No. if acting under 37 CFR 1.34:				
Signature: William F. Bran		Date:	12 april 2007	
Typed Name: William F. Gray		Telepho	ne Number: (203) 812-2712	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.				
CERTIFICATION OF MAILING OR TRANSMISSION UNDER 37 C.F.R. 1.8(a): 1 hereby certify that this correspondence and any paper(s) referred to as attached is, on the date shown below, being facsimile transmitted to the USPTO or deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.				
12 Garil 2007 Date	Signature of per	son certifying / William	n F. Gray	
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